

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF DeValius McDonald		COURT CASE NUMBER 07C7221
DEFENDANT Dr. Kim		TYPE OF PROCESS S/C
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Dr. Kim, Kane County Jail	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Kane County Jail, 777 East Fabyan Parkway, Geneva, IL 60134	
AT		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

DeValius McDonald, #055990
Kane-KCJ
777 East Fabyan Parkway
Geneva, IL 61034

Number of process to be
served with this Form - 285Number of parties to be
served in this caseCheck for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):

FILED
JAN 28 2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

01-11-08**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk TD	Date 01-11-08
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

LAUREL MAKULA, ADMIN. ASST

Address (complete only if different than shown above)

☐ A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Date of Service Time am

1/24/08 4:00 PM

Signature of U.S. Marshal or Deputy

J. R. [Signature]

Service Fee 96.00	Total Mileage Charges (including endeavors) 38.80	Forwarding Fee 0	Total Charges 134.80	Advance Deposits 0	Amount owed to U.S. Marshal or 134.80	Amount of Refund 0
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REMARKS:

1 AUSA
2 HOURS
80 miles RT